

**CENTRAL LOUDOUN LITTLE LEAGUE BASEBALL (CLLL)
2002 FALL REGISTRATION FORM**

Age Limitations: (8 yrs. to 15 yrs.) Born on or before July 31, 1995 and after August 1, 1987

Birth Certificate: Original birth certificates must be presented for all new players to the league (CLLL).

Requested registration donation: 1 Child - \$45.00 / 2 Children - \$70.00 / 3 or more children - \$85.00.

Make checks payable to **CLLL**. Please mail completed form to: **CLLL P.O. Box 452 Leesburg, Va. 20178**

Forms & checks will be accepted at Good Times Park on Saturday, July 27, 2002 at Good Times Park, from 9:00am to 12 noon

PLEASE NOTE: THE DEADLINE FOR REGISTRATION IS AUGUST 1, 2002

For additional information visit: **www.clll.org**, or call: **777-3897** and leave a message please.

Player's Full Name: _____ **Date of Birth:** _____

Street Address: _____ **City** _____ **State** ____ **Zip Code** _____

Location of Residence: (North or South) of Route 7 ? N S **e-mail address:** _____

School Currently Attending: _____ **Home Phone:** _____

Parents Names: Mother _____ **Father** _____

During the Spring of 2002, the player registering: (Pee Wee Baseball is not part of CLLL.)

_____ did not play organized baseball _____ played Pee Wee Baseball (team name) _____

_____ played outside Central Loudoun (League and/or location) _____

_____ played in Central Loudoun Little League (team name) _____

League Breakdown: MINORS - 8 - 10 year olds MAJORS- 11-12 year olds Junior League - 13 -15 year olds

Note: Your child's playing age in the Spring of 2003 determines his/her playing age during the Fall 2002 season.

Central Loudoun Little League is operated entirely by volunteers. All parents will be asked to assist with field maintenance, fund raising and the concession stand. In addition, we ask that you consider volunteering for at least one activity from the following list: **If you cannot volunteer, please consider a small donation to assist with operating costs.**

_____ Managing _____ Coaching _____ Umpiring _____ Buildings & Grounds _____ Committee Assignments

Please fill out both front and back of this form.

FOR LEAGUE USE ONLY

Registration Amt.: _____ **Cash** ____ **Check #** _____ **Received By:** _____
Treasurer/Player Agent

Verified By: _____ **Birth Certification Document?** Yes ____ No ____ **Sibling:** _____
Officer Initials _____ Name

League: A N **Division:** Minors(8-10) ____ MAJORS(11-12) ____ JR (13-15) ____

Playing Ages: Between - (8/1/94 – 7/31/95 - **08**) (8/1/93 – 7/31/94 - **09**), (8/1/92 – 7/31/93 - **10**), (8/1/91 – 7/31/92 - **11**),
(8/1/90 – 7/31/91 - **12**), (8/1/89 – 7/31/90 - **13**), (8/1/88 – 7/31/89 - **14**) (8/1/87 – 7/31/88 - **15**)

Playing Age? _____

WEB

Central Loudoun Little League Emergency Card

Player's Full Name: _____ Birth Date: _____

Parents/Guardians:

Mother: _____ Home Phone: _____

Business Phone: _____

Address: _____

Father: _____ Home Phone: _____

Business Phone: _____

Address: _____

If parent can't be reached call: _____ Phone: _____

Medical Data:

Family Doctor: _____ Phone: _____

Allergies (medications, asthma, insects, etc.): _____

History (taking medications, seizure disorder, etc.): _____

I authorize Central Loudoun Little League the authority to have _____ treated in case of an emergency (injury, etc.) when myself or family physician are unavailable to authorize such emergency treatment.

I, the undersigned, agree to permit the applicant to play baseball and assume responsibility for the transportation to and from practices and games.

I expressly understand and agree that I will hold harmless all managers, coaches, umpires, and other League Officials of the Central Loudoun Little League from any and all injuries of whatever nature and kind sustained while my child is participating in Little League sponsored activities.

Parent (Guardian) Signature: _____ **Date:** _____

Relationship to Child _____